

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

THE UNITED STATES OF
AMERICA AND THE STATE OF
MICHIGAN ex rel. **DENISE
BONDS**, *an individual*, and
SHENESIA RHODES, *an
individual*,

Relators,

vs.

COMPASS GROUP (“Compass”),
a foreign for-profit corporation,
CROTHALL HEALTHCARE,
a foreign for-profit corporation,
jointly and severally,
(Collectively Compass/Crothall); and

**TENET HEALTHCARE
CORPORATION**,
a foreign for-profit corporation,
VHS, INC., *a foreign for-profit
corporation*,
VHS OF MICHIGAN, INC., *a
foreign for-profit
corporation*, d/b/a Detroit Medical
Center (“DMC”),
**VHS HARPER-HUTZEL
HOSPITAL, INC.**,
a foreign for-profit corporation,
jointly and severally,
(Collectively DMC and/or TENET),
Ronald A. Rittenmeyer, Executive
Chairman of TENET, The TENET

**FILED UNDER SEAL
Civil Action No. Case No**

**BOARD OF DIRECTORS, and
Audry Gregory, Group CEO
Detroit Medical Center,**

Defendants.

Azzam Elder (P53661)
Elder Brinkman Law
1360 Porter St., Suite 250
Dearborn, MI 48124
313-879-0355
aelder@elderbrinkmanlaw.com

Nina Korkis Taweel (P63031)
Korkis Law Firm, PLLC
1360 Porter St., Suite 200
Dearborn, MI 48124
313-581-5800
nina@korkislaw.com

Attorneys for Relators

**COMPLAINT FOR VIOLATION OF FALSE CLAIMS ACT
(31 U.S.C. §§3729 *et seq.*), THE MICHIGAN MEDICAID FALSE
CLAIMS ACT (M.C.L. §§400.601 *et seq.*)**

TRIAL BY JURY REQUESTED

Pursuant to 31 U.S.C. §3730(b)(1) and M.C.L. §400.610a(1), Relators DENISE BONDS AND SHENESIA RHODES for themselves, and on behalf of the United States of America and the State of Michigan, by their attorneys Azzam Elder and Nina Korkis Taweel, bring this civil action under the Federal False Claims Act and the Michigan Medicaid False Claims Act.

INTRODUCTION

This case involves Defendants who knowingly violated basic safety conditions by placing bottom line profits over patient safety. They continue to engage in these egregious acts by providing unsafe and unclean medical services/procedures to vulnerable and unsuspecting communities in or around Detroit, Michigan. Relators have firsthand knowledge that these same violations are happening to several hospitals owned and operated by Defendants. Hundreds, if not thousands, of procedures have been conducted and continue to be conducted in unsanitary operating rooms.

JURISDICTION AND VENUE

1. This action arises under 31 U.S.C. § 3729 *et seq.*, also known as the False Claims Act (the “FCA”), the Michigan Medicaid False Claims Act, and the common law to recover treble damages and civil penalties on behalf of the United States of America and the State of Michigan arising out of Defendants’ violations of the FCA, as well as the Anti-Kickback Statute.

2. Under §3732 of the FCA, this Court has jurisdiction over actions brought under the FCA. Furthermore, jurisdiction over this action is conferred on this Court by 28 U.S.C. § 1331 because this civil action arises under the laws of the United States.

3. This Court has supplemental jurisdiction over all other claims set forth in this Complaint because these claims are so related to the claims arising under the FCA that they form part of the same case or controversy. 28 U.S.C. § 1367.

4. Venue is proper in this district pursuant to § 3732(a) of the FCA, which provides that “any action under § 3730 may be brought in any judicial district in which the Defendant or, in the case of multiple Defendants, any one Defendant can be found, resides, transacts business, or in which any act proscribed by § 3729 occurred.” At all times material hereto, Defendants regularly conducted business within the State of Michigan, and maintained permanent employees and offices in the State of Michigan, within this judicial district. Additionally, venue is proper in this district pursuant to 28 U.S.C. § 1391(b)(1)-(2).

FILING UNDER SEAL

5. Under the Act, this Complaint is to be filed *in camera* and remain under seal for a period of at least sixty (60) days and shall not be served on Defendants until the Court so orders. The United States Government and/or the State of Michigan may elect to intervene and proceed with the action within sixty (60) days after the Government receives the Complaint.

6. As required by the False Claims Act, Relator has served a copy of the Complaint and a written disclosure of substantially all material evidence and information in their possession to the United States Attorney General, the United

States Attorneys' Office for the Eastern District of Michigan, and the Michigan Attorney General.

7. Relators are an original source of the information conveyed herein, and the violations continue everyday based on firsthand knowledge of Relators.

PARTIES

8. Defendant COMPASS GROUP ("Compass") is a foreign for-profit corporation incorporated in the United Kingdom, with multinational operations doing business under numerous names and subsidiaries in the United States.

9. Defendant CROTHALL HEALTHCARE ("Crothall"), is a foreign for-profit corporation, with its headquarters located at 1500 LIBERTY RIDGE DRIVE STE 210 WAYNE, PA 19087 USA. It is a subsidiary of Compass Group, a United Kingdom company.

10. Defendant TENET HEALTHCARE CORPORATION, INC., ("Tenet") is a foreign for-profit corporation. It is a multi-national, investor-owned healthcare services company. As of March 2022, Tenet operated approximately sixty-eight (68) hospitals nationally. Tenet does business and has numerous subsidiaries it operates and controls in the State of Michigan.

11. VHS OF MICHIGAN, INC., a wholly-owned subsidiary of VHS, Inc., is a foreign for-profit corporation and doing business in Detroit, Michigan

as The Detroit Medical Center ("DMC"), a Michigan corporation with its principal place of business in Wayne County Michigan.

12. VHS HARPER-HUTZEL HOSPITAL, INC., a foreign for-profit corporation, is part of the DMC, doing business in Michigan as Harper-Hutzel Hospital (comprising Harper University Hospital, Hutzel Women's Hospital, the CardioVascular Institute and DMC Surgery Hospital).

13. Ronald A. Rittenmeyer, Executive Chairman of TENET, is a resident of Dallas, Tx.

14. The TENET BOARD OF DIRECTORS are based in Dallas, Texas.

15. Plaintiff DENISE BONDS is a resident of the County of Wayne, State of Michigan.

16. Plaintiff SHENESIA RHODES is a resident of the County of Macomb, State of Michigan.

APPLICABLE FEDERAL LAWS AND REGULATIONS

A. The False Claims Act

17. Under the FCA, 31 U.S.C. § 3729(a)(1)(A), it is a violation of federal law to knowingly present or cause to be presented a fraudulent claim to the United States. For every violation, the United States may recover three times the amount of the damages the government sustains and a civil monetary penalty of \$5500 to \$11,000 per claim for claims made on or after September 29, 1999.

18. The FCA, 31 U.S.C. § 3729(a)(1)(B), makes it a violation of federal law to knowingly make, use, or cause to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government. The United States may recover three times the amount of the damages that the government sustains and a civil monetary penalty of \$5,500 to \$11,000 per claim for claims made on or after September 29, 1999.

19. Under FCA, 31 U.S.C. § 3729(a)(1)(C), prohibits conspiring to commit a violation of the FCA, liable for three times the amount of the damages the Government sustains and a civil monetary penalty between \$5,500 and \$11,000 per claim for claims made on or after September 29, 1999.

20. The FCA, 31 U.S.C. § 3729(a)(1)(G), makes it a violation of federal law to knowingly make, use, or cause to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the government. It further makes it a violation of federal law to knowingly conceal or knowingly and improperly avoid or decrease an obligation to pay or transmit money or property to the Government.

21. The FCA defines a “claim” to include any request or demand, whether under a contract or otherwise, for money or property, which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will

reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested, 31 U.S.C. § 3729(b)(2).

22. The FCA, 31 U.S.C. § 3729(b)(1) provides that “‘knowing’ and ‘knowingly’—(A) mean that a person, with respect to information—(i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information; and (B) require no proof of specific intent to defraud.”

23. The FCA, 31 U.S.C. § 3729(b)(4) provides that “‘material’ means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.” A violation of the Anti-Kickback Statute renders resulting claims to Medicare false or fraudulent in violation of the FCA. Moreover, the Patient Protection and Affordable Care Act, Publ. L. No. 111-148, 124 Sta. 119 § 6402(f)(1) (2010), described *infra*, makes clear violations of the AKS give rise to liability under the FCA.

24. This Complaint should be deemed to include violations of the FCA prior to the Fraud Enforcement and Recovery Act (“FERA”), which covers Defendant’s violations on or before May 20, 2009, when Congress amended and renumbered the FCA pursuant to FERA.

**B. VIOLATIONS OF THE SOCIAL SECURITY ACT & CODE OF
FEDERAL REGULATIONS WHICH APPLY TO HOSPITALS AND
CERTIFICATES OF PARTICIPATION REQUIREMENTS
MANDATED BY CMS**

23. The Social Security Act (the Act) mandates the establishment of minimum health and safety standards that must be met by providers and suppliers participating in the Medicare and Medicaid programs. These standards are found in the 42 Code of Federal Regulations. The Secretary of the Department of Health and Human Services has designated CMS to administer the standards compliance aspects of these programs

24. CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed the Medicare standards set forth in the CoPs / CfCs. CoPs and CfCs apply to the following health care organizations and Hospitals.

25. Additionally, certain providers, such as hospitals, participating in federal healthcare programs must annually certify compliance with regulations in order to bill Medicare and Medicaid. In addition to other mandated certifications for hospitals, this certification is included in CMS Form 2552 cost report, which

providers submit each year. The federal Medicare program and the state Medicaid programs rely upon this certification in making payments to such providers. The “advisory” language preceding the certification section read as follows:

Misrepresentation or falsification of any information contained in this cost report may be punishable by imprisonment under federal law. Furthermore, **if services identified by this report were provided or procured through the payment directly or indirectly of a kickback** or were otherwise illegal, criminal, civil and administrative action fines, and/or imprisonment may result.

(Emphasis added).

The specific certification language reads:

Certification by officer or administrator or provider(s)

I hereby certify that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and expenses, prepared by [Provider(s) Names and Number(s)] for the cost reporting period beginning [date] and ending [date] and that to the best of my knowledge and belief it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. **I further certify that I am familiar with the laws and regulations regarding the provision of health care services and that the services identified in this cost report were provided in compliance with such laws and regulations.**

(Emphasis added)

26. Payment to providers under federal healthcare programs--not just participation in those programs--is conditioned upon this express certification that the provider has complied CMS safety requirements. Providers’ suppliers are also bound by the rules and regulations required before defendants can participate and

get paid through Medicare and Medicaid programs. Based on the knowing safety violations and unsanitary operating rooms jeopardizing patients, were false for purposes of the FCA because they contained a false certification of sanitary and safety.

C. The Michigan Medicaid False Claim Act

43. MCL 400.601, *et seq.*, known as the Michigan Medicaid False Claim Act (“MFCA”), models the Federal False Claims Act described *supra*.

44. Under, MCL 400.604, it is a violation to solicit, offer, or receive a kickback or bribe in connection with a furnished service, for which payment is made in whole or in part pursuant to state Medicaid. Furthermore, MFCA makes it a violation to receive make or receive a payment or receive a rebate of a fee or charge for referring an individual to another person is punishable by imprisonment for not more than 4 years, or by a fine of not more than \$30,000, or both.

45. MCLA 400.606 makes it a violation to agree or conspire to defraud the state by obtaining, or helping another to obtain, a payment of false claim. Those who violate this provision are punishable by imprisonment for not more than 10 years, a fine of not more than \$50,0000, or both.

46. MCLA 400.607 makes it a violation to present or cause to be presented a false claim to a state employee or officer, where that claim falsely represents that service or goods were medically necessary in accordance with professionally

accepted standards which pertain to running hospitals. Every such claim is a separate offense. Moreover, it is a violation to make, use, or cause to be made or used a false record or statement in order to conceal, avoid, or decrease an obligation to pay money to the state pertaining to a claim. Violations of MCLA 400.607 is punishable by imprisonment for not more than 4 years, a fine of not more \$50,000, or both.

47. MCLA 400.602(f) defines knowing as being “in possession of facts under which he or she is aware or should be aware of the nature of his or her conduct and that his or her conduct is substantially certain to cause the payment of a Medicaid benefit.” MFCA also covers “acting in deliberate ignorance of the truth or falsity of facts or acting in reckless disregard of the truth or falsity of facts.” MFCA does not require proof of specific intent to defraud.

MEDICARE PROGRAM

48. In 1965, Congress enacted Title XVIII of the Social Security Act, 42 U.S.C. §1395 et seq., known as the federal Medicare program, which authorizes medical benefits for the elderly, blind and disabled. The Centers for Medicare and Medicaid Services (“CMS”), an agency of the United States Department of Health and Human Services, is directly responsible for the administration of the Medicare program.

49. Medicare reimbursements for health care services are regulated by CMS, which issues mandatory guidelines on what types of health care services are

covered and which are non-covered. There are two controlling coverage policies: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

50. The Medicare NCDs are set out in a series of Medicare Benefit Policy Manuals, which detail whether specific medical items, services, treatments, procedures or technologies will be paid for by Medicare in accordance with title XVIII of the Social Security Act and in compliance with Medicare regulations and rulings. LCDs are developed by each Medicare regional carrier to further specify under what clinical circumstances a service is reasonable and necessary.

51. The Medicare Part B regional carrier for Michigan is Wisconsin Physicians Service Insurance Corporation (WPS).

52. In addition to the NCDs and LCDs, the Social Security Act outlines specific parameters for when a service will be covered. Importantly, Section 1862(a)(1)(A) of the Act allows coverage and payment for only those services that are considered medically reasonable and necessary.

53. The mandatory Certificate of Participation filled out by Defendants require safety standards to be satisfied in order to provide safe health services.

MEDICAID PROGRAM

54. Medicaid was established by Title XIX of the Social Security Act of 1965, 42 U.S.C. §1396-1396v. Medicaid is a jointly-funded federal-state program

and enables states such as Michigan to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary medical services.

55. Although Medicaid is funded in significant part by the States, the federal government pays a portion of Medicaid costs. In Michigan, the federal government pays for approximately 56 percent of all Medicaid health care services, while the State of Michigan funds the remaining 44 percent. Accordingly, all claims or requests for payments submitted to the Medicaid program are subject to liability under both the federal FCA and the Michigan False Claims Act.

56. All providers who submit claims to the Michigan Medicaid program are required to honor the terms and conditions of the Michigan Medicaid Provider Manual, in accordance with the terms of their Enrollment Agreement.

57. In other words, compliance with the terms of the Michigan Medicaid Provider Manual is required in order to properly bill for services.

FACTUALBACKGROUND

58. Harper-Hutzel Hospital is in the center of the City of Detroit, where significant parts of the community rely on medical services from neighborhoods in and around the city of Detroit. If anyone is in the downtown vicinity, or near this hospital and has a heart attack, or is about to deliver a baby, chances are that these patients are likely to be routed to

Harper-Hutzel Hospital.

59. *Defendant Tenet's subsidiary, VHS, operates multiple hospitals commonly known as the "DMC" including Haper-Hutzel Hospital, in the Detroit area and features the full range of specialists, such as cardiologists, cardiac surgeons, vascular surgeons, pediatric cardiovascular surgeons, rehabilitation services, baby deliveries (including c-sections), obgyn services, and a nursing team that is cross-trained for any emergency or elective procedure.*

60. Prior to 2019, Sodexo provided the environmental services to DMC hospitals. Environmental services are an essential part of running a hospital system and have national standards and regulatory requirements that ensure a safe environment for sick patients to seek treatment and for patients to have operations done.

61. Relators worked for Sodexo prior to working for Defendants Crothall and Compass.

62. Plaintiff Bonds was an awarded employee at Sodexo.

63. Plaintiff Rhodes was an awarded employee at Sodexo.

64. When Sodexo had the Tenet contract, Relators never ran out of supplies and had enough cleaning supplies, rags, mops, and essentials to properly

sanitize patient rooms and operating rooms, per the established Sodexo protocols.

65. Under Sodexo, Relators were expected to use hospital-grade cleaning products and separate rags and mops in order to avoid cross contamination of areas. For example, the rags used to clean the bathrooms were not used to clean patient beds. Operating rooms and discharges got elevated cleaning, including terminal cleaning.

66. Today, Defendant Tenet uses Defendant Crothall and/or Compass as contractors for environmental services across the country.

67. Around September 2019, Defendant Tenet hired Defendant Crothall to take over environmental service operations at the DMC from Sodexo.

68. Knowing it would compromise patient safety and cleanliness, Sodexo declined to make the extreme cuts being mandated by Defendant Tenet.

69. In 2019, Relators Bonds and Rhodes became full-time employees of Defendants Crothall and Compass until their termination in 2022.

70. Prior to being terminated, Relators Bonds and Rhodes worked in “housekeeping” and they were also union stewards.

71. As union stewards, Bonds and Rhodes had the responsibility of protecting/representing other employees from among other things, unethical and unsafe practices by Defendant employers.

72. Relators witnessed and experienced firsthand how Defendant Compass Group and its subsidiaries went to extreme measures to make more profits for themselves and Tenet Health. Defendant Compass Group has a long history of outrageous actions to cut costs in order to make more money. Below are a few examples:

'Shocked and dismayed'

Compass Group, one of the biggest school food providers in the UK, says its tests have found between 5% and 30% horse DNA in burgers it sold in Ireland and Northern Ireland.

It says the burgers were supplied by Rangeland Foods in County Monaghan, which previously withdrew more than 9,000 burgers made for the UK market after some were found to contain horsemeat.

[Horsemeat: Compass and Whitbread find horse DNA in products - BBC News](#)

New York City schools cheated

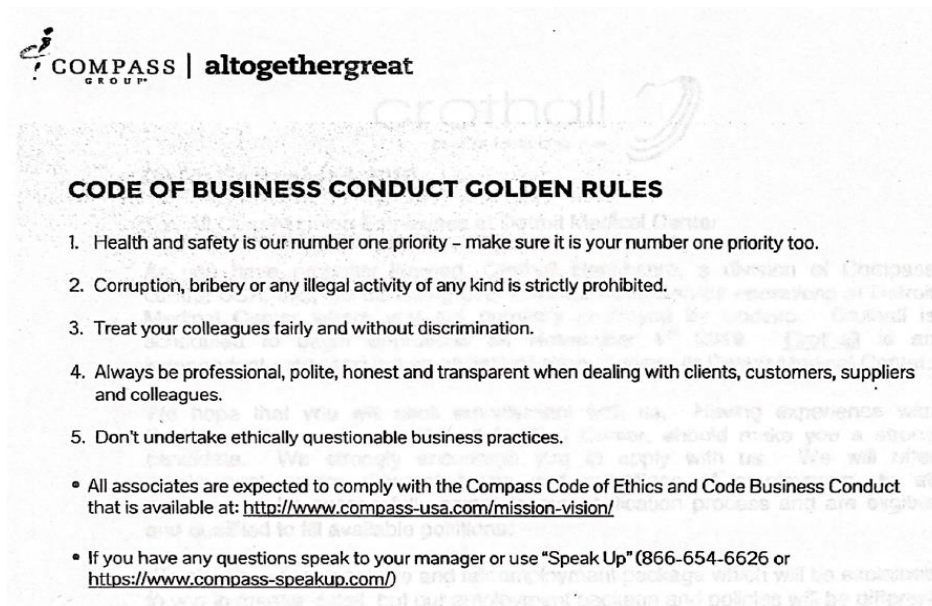
Compass USA settled for \$18 million on its [overcharging](#) on [school meals](#) in 2016.^{[51][52]}

[Compass Group - Wikipedia](#)

73. The motivation to make more money has no limits with Defendant Compass even if it means using “horsemeat” in burgers or lasagna, or cheating kids’ programs.

74. In 2019, after assuming the contract at DMC, Defendants Crothall and Compass represented to Relators and other employees that they would honor the terms of the Collective Bargaining Agreements (CBA) executed by Sodexo and Defendant Tenet/VHS.

75. In 2019 and in an effort to appear concerned about ethics in the workplace, Defendants Crothall and Compass presented their Code of Business Conduct Golden Rules to Relators and its employees, which state:



[\(50\) Compass Five Golden Rules - YouTube](#)

76. Relators have followed these Golden Rules by reporting violations to Defendants in person, by phone, and email.

77. Defendants have violated each one of their above-stated Golden Rules.

78. After Relators reported the concerns about safety, they were retaliated against by Defendants.

79. Defendants worked together to:

- a. Silence Relators;
- b. Falsely accuse Relators;
- c. Retaliate against Relators;
- d. Improperly suspend Relators;
- e. Discriminate against Relators;
- f. Lie about Relators;
- g. Violate safety rules which unnecessarily exposed Relators to the Covid-19 virus;
- h. Violate safety rules which put patients, employees, and visitors at higher risk of contracting an illness and/or being in danger;
- i. Intimidate Relators to stop raising safety concerns;
- j. Humiliate Relators;

- k. Financially hurt Relators as a means of retaliation; and
- l. wrongfully terminate Relators.

**Continues its Focus on Profit at the
Expense of Care and Safety**

80. Before Covid-19, Defendants began to take extreme measures to cut spending. Daily cleaning supplies were no longer available for housekeepers to do their jobs properly. Inexplicably, even during the national covid peak of April 2020 in Detroit, Michigan, daily cleaning supplies were cut further than pre pandemic times.

81. In fact, Defendants collaborated in an effort to avoid spending money on supplies and have done this across numerous hospital systems.

82. These cost-cutting measures have been extreme and Defendants have caused the hospital to become unsanitary and unsafe, basic equipment is not repaired nor replaced.

83. Defendants intentionally kept the cleaning supplies short and failed to fix or provide necessary equipment to make profits even when it meant the hospital became unsanitary and unsafe.

84. The cleaning protocols changed from best practices with Sodexo to deplorable with Crothall/Compass.

85. Relators have direct knowledge about how the cleaning and sanitization priorities changed from Sodexo to Crothall/Compass.

86. Defendants overwhelmed housekeepers with unreasonable expectations and required them to do additional work because the nursing staff was also kept in short supply for purposes of maximizing profit.

87. For example, under Sodexo, Relators would use approximately sixty (60) rags to clean twenty-eight (28) patient rooms.

88. Under Defendants, Relators were given five (5) rags to clean the same 28 patient rooms.

89. Mops went from unlimited to supply to not enough to do the job properly. Cleaning solutions that were “hospital-grade” were always out.

90. When Plaintiff Rhodes complained about the lack of supplies, managers announced to the staff that overtime would be cut because Plaintiff Rhodes is complaining about lack of supplies.

91. This humiliated Relators and caused other staff to get upset with Relators for speaking the truth as Defendants blamed them for overtime being cut.

92. Relators repeatedly tried to get Defendants to follow the rules and laws, to no avail.

93. Relators even tried to work through their union leadership to get the attention of the CEOs. Below is one example:

----- Forwarded message -----

From: Denise Bonds <denisebonds55@gmail.com>

Date: Sat, Dec 11, 2021, 7:39 PM

Subject:

To: Mullins, Kimberly <Kimberly.Mullins@crothall.com>, Leap, Travis <Travis.Leap@crothall.com>, Pierce, Kim <Kim.Pierce@crothall.com>, Steinhoff,

Kurt <Kurt.Steinhoff@compass-usa.com>

Crothall is in violation of MIOSHA, we as employee's are to be fitted for N95.

From: Ken Haney [mailto:ken.haney@seiuhealthcaremi.org]

Sent: Wednesday, April 28, 2021 3:19 PM

To: Rapp, Susan

Cc: Kent, Quadiru; Noble, Carl; Kevin Lignell; Mary Nelson

Subject: Fwd: EVS/Harper Hospital Complaints

I am attaching these videos and statements that the employees in the EVS department are complaining about. As you may not be aware there are about 12 to 15 employees in that department who have contacted the Covid 19- Virus over the last two weeks. The videos below are indicating that the employees are using rags to mop the floors and a consistent lack of cleaning supplies, a video also shows that the manager has been hoarding the supplies, Some members also have a complete calendar of days that the lack of supplies happens, which is attached. This seem to be a everyday occurrence which a complaint was filed on the hot line. As of Wednesday the 27th the afternoon shaft was given three (3) rage per person to clean up. I truly believe this is not sustainable to contain the spread of the virus, but I'm not an expert when it comes to this. I will forward these videos to the proper personal to hopefully help where needed.

----- Forwarded message -----

From: **Gregory, Audrey** <AGregory@dmc.org>

Date: Wed, Apr 28, 2021 at 4:41 PM

Subject: RE: EVS/Harper Hospital Complaints

To: Ken Haney <ken.haney@seiuhealthcaremi.org>, Rapp, Susan <SRapp@dmc.org>

CC: Kent, Quadiru <OKent@dmc.org>, Noble, Carl <CNoble@dmc.org>, Kevin Lignell <kevin.lignell@seiuhealthcaremi.org>, Mary Nelson <mary.nelson@seiuhealthcaremi.org>

Ken:

Thank you for bringing these concerns to our attention. Please know we take the concerns seriously. My team will review and follow up regarding the outcome and any appropriate resolution from the review. Thanks again for the opportunity to review these concerns.

Audrey Gregory, Ph.D.

Group Chief Executive Officer

Detroit Medical Center (DMC)

94.Defendants worked together and were unwilling to spend money to meet minimum requirements, yet they were open to the public for business and billed Medicare and Medicaid.

95.Defendants worked together to violate OSHA rules relating to “fit tests” and falsified documentation regarding same.

96.Proper PPE was not provided to protect Relators or other front line workers in order to save money – essentially Defendants were only concerned with making money over saving lives.

97. Defendants violated and falsified Certificates of Participation in order to bill Medicare and Medicaid.

TENET HEALTHCARE AND ITS DETROIT SUBSIDIARIES

98. DMC/Tenet IS NOT A COMMUNITY HOSPITAL THAT DESERVES MORE BREAKS FROM THE DOJ. A ‘community hospital’ should be one that is established and operates in the patient’s best interest, not one who sacrifices patient safety for monetary gain/savings.

99. Defendant Tenet owns for-profit hospitals throughout the country.

100. In 2013, Tenet purchased VHS, Inc., which owned DMC Harper-Hutzel Hospital.

101. DMC, as a non-profit, was basically sold for free to Tenet in exchange for a promise to spend \$850 million on infrastructure improvements and to improve the quality of care at the hospitals in Detroit, Michigan.

102. Tenet has breached its end of the bargain and Michigan leadership has failed to hold them accountable.

103. Michigan residents who rely on hospital care have been unnecessarily exposed to the unsafe conditions created by corporate greed, and front-line heroes have been hurt and retaliated against by Tenet.

104. Defendant Tenet has been taking millions of dollars out of Detroit and laughing all the way to the bank. This money is spent on other

Tenet projects, or just lines the pockets of its executives.

105. On June 29, 2021, the United States Congress sent a letter to the Chief Executive Officer of Tenet to investigate the abuses committed by Tenet's leadership, which includes:

- Tenet's top executives profited greatly from the Covid-19 public health emergency. In Fiscal Year 2020, Tenet posted an annual profit of more than \$3.1 billion, even after completing a \$1.1 billion acquisition of 45 ambulatory surgery centers, leading to a five-fold increase in Tenet's share price.

- The CEO of Tenet received almost \$16.7 million in total compensation, and he bragged about donating three (3) months of his funds to help Tenet employees, which appears to be little more than a gesture because his donations allegedly totaled only \$360,000.00.

- Congress stressed that the apparent greed of Tenet Healthcare during an unprecedented public health emergency economic crisis is astounding, particularly in light of the billions in taxpayer assistance received by Defendant Tenet.

[2021.06.29 Letter to Tenet Healthcare re MA Nurses Strike and COVID Profits.pdf \(senate.gov\)](#)

106. The Legacy DMC Monitoring Board was set up in 2011 to ensure Tenet complied with its promises to invest in the DMC. The Legacy DMC Board struggled and was unable to enforce any Tenet breaches because they had no tools to hold Tenet accountable. Tenet ignored repeated concerns about patient safety concerns raised by the Legacy DMC Board.

DMC failing to maintain hospitals, keep commitments, watchdog board says



Karen Bouffard

The Detroit News

Published 4:54 p.m. ET June 26, 2020 | Updated 8:49 p.m. ET June 26, 2020

[View Comments](#)



107. Much of the money that Defendants Tenet/DMC receive comes from state and federal Medicare and Medicaid funds. Those funds are regulated pursuant to state and federal law. Medicare and Medicaid fraud is a crime.

108. The American criminal justice system, unlike charges that are routinely brought against individual doctors or pharmacists in the health system, treats large corporations like Tenet differently.

109. Law enforcement allows corporations to become repeat habitual offenders, which emboldens them to perpetuate such behavior.

110. Tenet has a history of violating the law in order to enrich the company, its owners and Tenet hospitals.

111. Tenet's motives and actions of unethical behavior of "cheating" and paying fines every few years is a way that they make millions.

112. In 2006, Tenet agreed to pay the Department of Justice ("DOJ") \$725 million to settle allegations of illegal Medicare payments to Tenet hospitals and entered into a 5-year corporate integrity agreement that required the company to provide financial reports to the government.

113. In 2012, Tenet agreed to pay \$42.75 million to resolve allegations that it violated the False Claims Act by overbilling Medicare.

114. In September 2016, Tenet entered into a "Settlement Agreement" and Non-Prosecution Agreement ("NPA") with the United States and certain states. It agreed to pay a \$514 million dollar fine for engaging in healthcare fraud by making false claims for public funds under a kickback scheme relating to certain alleged medical services.

115. In addition, in January 2017, the DOJ indicted the Tenet Healthcare Senior VP of Operations, John Holland, on four (4) counts of fraud. The indictment states that Holland and others were part of a larger

scheme to "unlawfully enrich themselves, Tenet, and the Tenet Hospitals" by engaging in fraud. Specifically, it was alleged that Mr. Holland sidestepped Tenet's internal accounting controls to bribe clinicians and pay illegal kickbacks to clinics in Georgia and South Carolina that referred pregnant patients on Medicaid to Tenet hospitals. The scheme allegedly helped Tenet bill Medicaid programs for more than \$400 million.

116. In September 2017, several more charges were brought against Mr. Holland. The latest indictment charged Holland with conspiracy to violate the federal Anti-Kickback Statute, wire fraud and falsification of books and records.

117. As part of the various agreements Tenet has entered into with the U.S. government, they are **required to "self-report" any violations of law or regulations and any questionable conduct**. Senior management, including these executive Defendants, have failed to do so and have *blatantly allowed legal violations* to occur in order to generate more income by cutting medically necessary support and services and allowing unnecessary medical procedures, among other things.

118. Tenet has been very clear that its sole goal is to make a profit, as stated publicly by Tenet CEO Ron Rittenmeyer:

"We're in the business to make a profit - number 1 ... That's our job, so we're always going to be looking to reduce costs. That's just the facts."¹

119. In March of 2019, Tenet CEO Rittenmeyer announced the following :

Rittenmeyer also announced Tenet has set a new goal of achieving \$200 million in new run-rate cost savings by the end of this year after exiting 2018 with \$250 million in run-rate cost savings, bringing Tenet to \$450 million in cost savings in a little over two years.

[Tenet in exclusive talks over potential Conifer deal | Modern Healthcare](#)

120. Defendants Compass/Crothall and Tenet are a match made in hell, and they have been working together for many years:

"Having been Tenet's largest outsourcing partner for many years, we are very pleased to expand this successful relationship," said Craig Holmes, HHS chief executive officer. "With our specialized expertise and focus on environmental services, we complement each hospital's management team and enable them to maintain their focus on clinical healthcare."

"We look forward to this increased role with Tenet," said Graeme Crothall, president of Crothall Healthcare. "The addition of these hospitals to our roster is a vote of confidence in our ability to provide the levels of quality and service that Tenet expects."

121. Relators has first hand knowledge how Defendants worked together to cut essential spending, which resulted in unsafe conditions at the hospitals.

¹ [Tenet Healthcare Plans to Outsource 1,000+ Positions to Cut Costs \(revcycleintelligence.com\)](#)

122. While Defendants refused to pay for basic supplies to keep the hospital safe and clean, evidence will show how Defendants' leadership enriched themselves at the expense of their patients, the general public and employees.



123. Defendant Tenet is a for-profit and publicly traded company that conceals the facts as set forth herein from its shareholders.

124. Defendant Tenet's primary mission is to make money for its shareholders. That is not controversial but for the fact that they make money at the expense of patient and public safety, which is against the law.

TENET HIRES CROTHALL/COMPASS

125. Around September 2019, Defendant Tenet hired Defendant Crothall to take over Environmental Service operations at DMC from Sodexo.

126. Defendant Tenet hired Defendants Compass/Crothall to implement cost-savings, which resulted in abusive tactics causing unsanitary hospital conditions.

127. Defendants conspired to work together to squeeze every penny out of the DMC/Detroit community to send the profits to their corporate headquarters.

128. Defendants have set up five star and beautiful websites to give the impression that they are compliant with laws and safety regulations. This is a sham intended on bolstering stock prices and portraying an image not aligned with reality for unsuspecting patients in Detroit.

129. Defendants have set up websites and hotlines for compliance, which are also a sham and only intended to give the illusion of propriety.

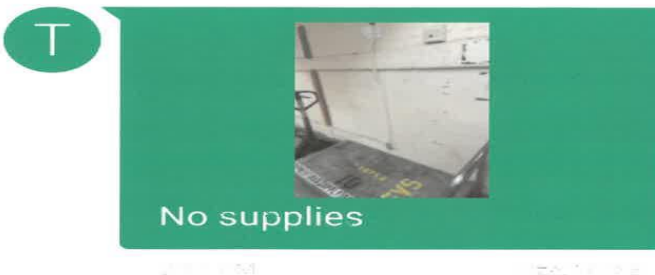
130. Contrary to their websites and written policies, Defendants have a reputation, history, and modus operandi of terminating employees and contractors who dare to speak up about safety concerns.

131. They also have a history of putting together sham employee reviews to justify terminations of good employees.

**VOLERNABLE DETROIT RESIDENTS CONTINE TO BE
EXPOSED TO UNSAFE AND UNSANITARY OPERATING
ROOMS**

132. Throughout the course of their relationships with Defendants, Relators reported multiple, significant violations of the law at Harper Hutzell Hospital to Defendants Tenet, Tenet ethics & compliance, DMC leadership, and Defendant Tenet executives and management.

133. Relators have in fact reported issues and violations in person, by email, by phone, and even by text. Here is one example relating to lack of supplies and the photos below were taken on **multiple** days:



134. On several occasions, there were no rags or mops to use for cleaning and Relators were told to use “Brawny” paper towel to clean and sanitize.



135. It was very common to be out of mandated hospital-grade cleaning solutions, rags, mops, and other essential supplies.

136. Throughout the course of their relationships with Defendants, Relators reported multiple, significant violations of law at Harper Hutzel hospital to Defendants Compass, Crothall, Compass leadership and Crothall leadership. Relators refused to acquiesce in these violations.

137. Throughout the course of their relationships with Defendants, Relators reported multiple, significant violations of the law at Harper Hutzel hospital to the Michigan Occupational Safety and Health Administration, Tenet Ethics & Compliance, Crothall Health and Safety Committee, Convercent, Tenet, Tenet compliance, DMC leadership, and Defendant Tenet executives and management. Relators refused to acquiesce

in these violations.

138. Relators reported concerns about operating rooms being unsanitary and Defendants prioritized saving money to the point that it created an unsafe hazard at the hospital.

139. Relators reported that blood and urine were not properly sanitized due to the extreme cost-cutting measures mandated by Defendants. Here is one example of an operating room where newborn babies are delivered by c-section, which has not been properly sanitized since Tenet awarded the work to Compass/Crothall in 2019. It is outrageous that Defendants knowingly allow c-sections to be performed in unsanitary operating rooms. Defendants bill millions of dollars to Medicare and Medicaid and violate the trust of all of their patients when they keep doing business this way. Even after they have been *given so many chances to fix the problems* in their Detroit hospitals, they continue to get away with it. It is clear that these Wall Street outside investors do not care about this community—they only want the money:



140. Photos taken on separate dates in late 2021 and this year (2022) show that the mandatory terminal cleaning was not being conducted as required in the operating rooms, causing babies and mothers to be subjected to unsanitary conditions created by Defendants who bill Medicaid and Medicare as if they are operating a clean and safe hospital.



141. Relators complained to Defendants repeatedly about the safety issues and Defendants either ignored them or provided responses meant only to pacify not correct the problems. .

142. The lack of supplies to clean patient rooms and operating rooms was shockingly outrageous, and in some instances, possibly criminal.

143. Since the Relators have been terminated from their employment, evidence will show that Defendants are now scrambling to try and cover-up these systemic violations caused by corporate greed. Defendants are working together to falsify facts on the ground.

144. Defendants' CEOs and/or upper level management are working hard to cover-up this outrageous situation. As of last week, they are

conducting site visits and conferring together to cover-up issues about which Relators complained.

145. Sadly, Defendants paid the fine and continued business as usual.

146. Relators reported *pesticide problems* to Defendants and asked that they provide proper solutions, but instead Defendants retaliated against Relators with false accusations - they accused Relators of not cleaning their assigned areas.

147. Defendants have cut all pesticide services and problems with pesticides have been reported by numerous employees, some of whom have also been retaliated against and fired.

148. Defendants conspired and worked together to implement the extreme cost-cutting measures and anyone who dared to speak out about legitimate concerns was subject to retaliation, including Relators.

149. Instead of complying with the law, Defendant Tenet would rather pay fines and settlements as their cost of doing business.

150. **For several years, the Detroit community has had to endure lies from Tenet DMC about how safety is their number one concern. The reality is that they are habitual violators of the law and have breached their responsibility to run sanitary hospitals in Michigan.**

151. For years, Defendant Tenet has put on a show like they are fixing the problems, but in reality, they do nothing to fix the safety problems and refuse to spend money on Detroit, opting instead to send it to Dallas.

152. A CMS certificate of participation requires hospitals to represent that their hospitals meet all safety and sanitary requirements in order to bill Medicare.

153. State Medicaid requires a certificate of participation that the hospitals meet safety and sanitary requirements in order to bill Medicaid and Medicare.

154. **Defendants' improper and fraudulent conduct at the DMC Harper Hutzler reported by Relators, includes, but is not limited to:**

- a. **Operating and billing Medicare and Medicaid for procedures knowing that the surgical equipment, operating rooms, and patient rooms were not sterile as required as part of the Certification of Participation;**
- b. **Knowingly putting patients, employees, and visitors at risk of contracting life-threatening diseases;**
- c. **Knowingly submitting claims for payments to CMS and the State of Michigan that were false and/or fraudulent;**
- d. **Knowingly violating safety rules for hospitals, including among others, OSHA, CDC, CMS, fire hazards, and more;**
- e. **Knowingly falsifying employee training records and tests/certifications;**
- f. **Violating Covid-19 protocols;**

- g. Falsifying Certification requirements to bill Medicare and Medicaid;**
- h. Falsifying safety pledges;**
- i. Knowingly operating a hospital without enough supplies to meet safety standards and rules; and**
- j. Knowingly operating a hospital without proper working equipment to meet safety standards and rules.**

155. Defendants Tenet/VHS have breached the promise to invest in the DMC system as required when they purchased the hospital system for free in exchange for a promise to upgrade the infrastructure, and improve the quality of healthcare. Record profits are directed to Dallas and Detroit is neglected.

156. Local leadership and regulatory agencies have given a pass to the DMC because they view it as too big to fail. In reality, Defendant Tenet is sucking out all of the money and profits and either ignores or manipulates all of the regulators.

157. A quick review of history from local news makes this point. In 2018, Harper Hospital was cited for safety concerns:

Two DMC hospitals cited for health and safety violations, could lose federal funds

Michigan Radio | By Sarah Cwiek

Published November 28, 2018 at 10:06 PM EST



Stanford EdTech / Flickr, <http://J.Mp/1SPGCI0>

At Harper Hospital, the citations included:

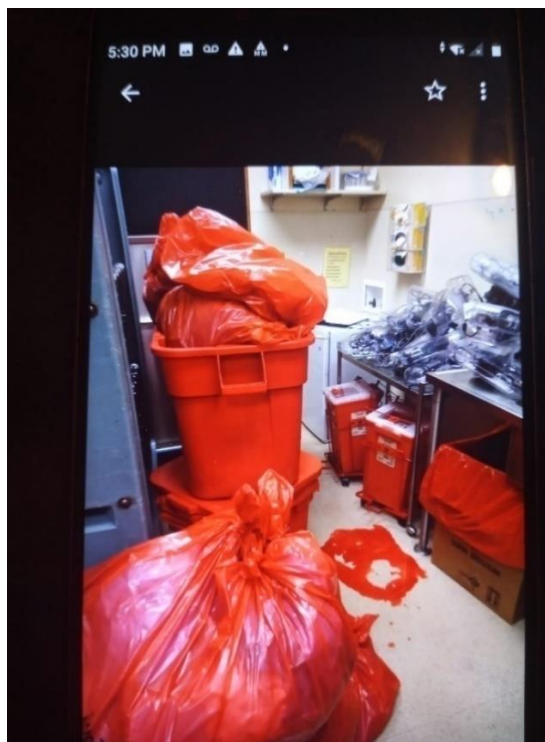
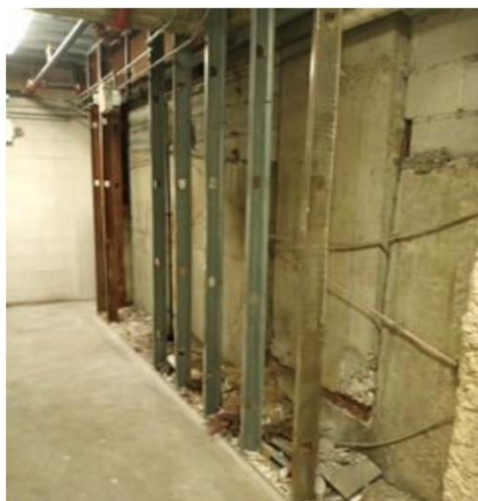
- A catheter bag touching the floor in the Intensive Care Unit.
- A kitchen preparation area with “multiple large spills,” among other unsanitary conditions.
- Small black bugs and gnats flying around Intensive Care Unit patient rooms, along with dirty or deteriorating conditions across the ICU.
- Improperly covering sterile equipment in an operating room.
- Failure to follow protocol when it comes to information-sharing about hospital-acquired infections, “resulting in the potential for missed opportunities for corrective action and quality improvement.”

158. In this case, Relators will demonstrate that the conditions cited above have continued and in some areas, have gotten worse.

159. When LARA (the State of Michigan regulation department), JHACO, OSHA, or other inspectors visited Harper Hutzel Hospital, Defendants worked together to ensure the problem areas in the hospital were not disclosed to inspectors. Housekeeping staff were instructed to help put on a show of compliance when in reality, inspectors were kept away from areas

that would reveal problems.

160. Leaks are a constant problem in operating rooms and patient areas because Tenet fails to honor its commitment to spend enough money to improve the hospital infrastructure pursuant to their purchase obligations:



161. Defendants have a history of using retaliation to silence good doctors, good nurses, good housekeepers, and good employees who speak up when safety issues need to be fixed.

162. In 2019, Tenet lost a trial and was required to pay over \$11 million dollars to heart doctors who worked at this same hospital (in this case Harper Hutzel), and these doctors raised concerns about patient safety and reckless cost-cutting, which impacted patient safety:

Fired DMC docs: Detroit patients died because of cost-cutting

JC Reindl
Detroit Free Press

Published 3:04 p.m. ET March 25, 2019 | Updated 5:04 p.m. ET March 25, 2019

[View Comments](#)



Detroit Receiving Hospital, part of the Detroit Medical Center, in Detroit. *Regina H. Boone, Detroit Free Press*

The two heart doctors, Dr. Amir Kaki and Dr. Mahir Elder, lobbied those allegations in the federal lawsuit filed Monday in U.S. District Court in Detroit. Their lawsuit accuses the DMC and its for-profit corporate parent, Dallas-based Tenet Healthcare, of retaliating against them because they repeatedly raised concerns about patient safety at DMC.

Tenet ordered to pay \$10M+ to fired physicians, restore medical privileges

Two cardiologists claimed they were fired from Tenet's Detroit Medical Center for raising concerns about patient care, though the medical center says they were let go for behaving unprofessionally. Following an arbitration process, a federal court in Michigan has ruled that Tenet must pay the physicians \$10.6 million and reinstate their medical privileges.

By ANUJA VAIDYA

Post a comment / Feb 4, 2021 at 4:44 PM



Two cardiologists — who claimed Tenet Healthcare fired them in retaliation for making safety complaints among other violations — have won \$10.6 million and will have their medical staff privileges restored, a Michigan [federal court has ruled](#).

163. In 2020, during the Covid 19 pandemic, while Defendants gave lip service to frontline heroes, they knowingly failed to spend money to follow Covid-19 protocols to protect nurses, doctors, and patients:

Detroit nurses sue Tenet for alleged retaliatory firings over COVID-19 safety concerns

Published June 12, 2020

By Halley Mensik



Fotolia

- Former nurses and employees at Tenet-owned Detroit Medical Center's Sinai-Grace hospital filed a lawsuit Tuesday in Wayne County Circuit Court alleging they were fired for bringing attention to staffing and patient safety concerns at the facility during the pandemic.

164. Even a few weeks ago, another reputable physician was retaliated against and fired because he raised safety concerns about Defendant Tenet's motives in jeopardizing safety concerns:



165. On May 15, 2022, the Detroit News reported that DMC hospital is at risk for violating federal standards:

2 DMC hospitals violated federal standards in past two years, state finds



Karen Bouffard
The Detroit News

Published 11:30 p.m. ET May 15, 2022 | Updated 11:52 p.m. ET May 15, 2022



[View Comments](#)

Two Detroit Medical Center hospitals were found to be out of compliance with federal health standards within the last two years, according to the Michigan Department of Licensing and Regulatory Affairs.

Inadequate wound care, improper feeding, lack of nurse supervision and unresponsiveness to patient complaints were among the problems found since Jan. 1, 2020, at Sinai-Grace and Detroit Receiving hospitals, according to a sample of investigative reports obtained by The Detroit News through a public records request.

The federal Centers for Medicaid and Medicare Services (CMS) informed Sinai-Grace Hospital on April 7 that its participation in the federal Medicare and Medicaid programs would be ended on July 7 "due to failure to comply with the applicable requirements for hospitals," according to a letter provided by the Michigan Department of Licensing and Regulatory

166. On May 18, 2022, the Detroit News reported a DMC hospital possibly losing eligibility for Medicare and loss of participation in Medicaid due to a years-long history of safety problems identified in the regional health care system:

DMC's Receiving Hospital at risk of losing Medicare aid over new problem

Carol Thompson The Detroit News

Published 11:03 p.m. ET May 18, 2022 | Updated 11:03 p.m. ET May 18, 2022

[View Comments](#)



Detroit Medical Center's Detroit Receiving Hospital is at risk of losing its ability to participate in Medicare because of problems state regulators uncovered during a recent inspection, continuing a years-long history of safety problems identified within the regional health care system.

130. Defendants have a long history of being underhanded in making profits and paying fines along the way. This is how Defendants do business. The fines appear large, but they pale in comparison to the profits they make. It is obvious that the fines have not deterred their abhorrent behavior:

a. Tenet has been given numerous chances and has signed numerous Non-Prosecutorial Agreements, which have not stopped the greed:



b. Tenet and its subsidiaries are not hesitant to violate rules to make profits and the history below shows some of the admissions of cheating by Defendant Tenet and its subsidiaries:

Violation Tracker Parent Company Summary**Parent Company Name:** Tenet Healthcare**Ownership Structure:** publicly traded (ticker symbol THC)**Headquartered in:** Texas**Major Industry:** healthcare services**Specific Industry:** hospitals (for-profit)**Penalty total since 2000:** \$1,799,550,111**Number of records:** 52

Top 5 Offense Groups (Groups Defined)	Penalty Total	Number of Records
government-contracting-related offenses	\$1,639,152,254	17
employment-related offenses	\$128,382,419	13
competition-related offenses	\$21,000,000	2
financial offenses	\$10,000,000	1
consumer-protection-related offenses	\$520,000	2

Top 5 Primary Offense Types	Penalty Total	Number of Records
False Claims Act and related	\$1,639,152,254	17
wage and hour violation	\$127,709,284	9
kickbacks and bribery	\$21,000,000	2
investor protection violation	\$10,000,000	1
labor relations violation	\$673,135	4

Individual Penalty Records:

Click on the company or penalty amount for more information on each case.

Download results as [CSV](#) or [XML](#) (maximum 10,000; for access to larger downloads contact [Phil Mattera](#))

Company	Primary Offense Type	Year	Agency	Penalty Amount
DMC DETROIT RECEIVING HOSPITAL	workplace safety or health violation	2021	OSHA	\$8,000
Tenet Healthcare Corporation	False Claims Act and related	2020	DOJ_CIVIL	\$1,410,000
Tenet Healthcare Corporation d/b/a Saint Vincent Hospital	wage and hour violation	2018	MA-AG	\$50,000
Alleghen Insurance Company	insurance violation	2017	TX-INS	\$120,000
Tenet Healthcare Corporation	Medicare Parts C and D Enforcement Action	2016	CMS	\$127,200
Tenet Healthcare Corporation	False Claims Act and related	2016	DOJ_CIVIL	\$513,000,000
Tenet Healthcare d/b/a Brookwood Medical Center	labor relations violation	2016	NLRB	\$10,769
Tenet Healthcare Corporation	kickbacks and bribery	2016	MULTI-AG	(*) \$123,772,464
DESERT REGIONAL MEDICAL CENTER, INC.	workplace safety or health violation	2016	OSHA	\$5,000
Tenet Healthcare	False Claims Act and related	2015	DOJ_CIVIL	\$12,100,000
Tenet Health Care Corporation	False Claims Act and related	2015	USAO	\$2,200,000
Vanguard Health Systems Inc.	False Claims Act and related	2015	USAO	\$2,900,000
VHS of Michigan	wage and hour violation	2015	private lawsuit-federal	\$42,000,000
VHS ACQUISITION SUBSIDIARY NUMBER 7, INC.	workplace safety or health violation	2015	OSHA	\$13,300
Phoenix Health Plans, Inc.	Medicare Parts C and D Enforcement Action	2014	CMS	\$146,600
VHS Harlingen Hospital Co. LLC	wage and hour violation	2014	WHD	\$13,273
VHS Acquisition Subsidiary Number 8, Inc.	wage and hour violation	2014	WHD	\$7,817
Des Peres Hospital	False Claims Act and related	2013	DOJ_CIVIL	\$900,000
VHS Acquisition Subsidiary Number 9, Inc.	wage and hour violation	2013	WHD	\$6,858

c. Violations and admissions of cheating by Defendant Crothall highlights Employment Discrimination and OSHA violations:

Company	Parent	Parent Major Industry	Primary Offense Type	Year	Agency	Penalty Amount▼
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	employment discrimination	2020	OFCCP	\$120,000
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	employment discrimination	2010	EEOC	\$88,422
Crothall Laundry Services Inc.	Compass Group	restaurants and foodservice	employment discrimination	2018	OFCCP	\$72,000
Crothall Laundry Services Inc.	Compass Group	restaurants and foodservice	environmental violation	2020	TN-ENV	\$46,839
CROTHALL LAUNDRY SERVICES INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2015	OSHA	\$41,200
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	wage and hour violation	2012	WHD	\$40,780
CROTHALL HEALTHCARE INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2016	OSHA	\$40,000
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	employment discrimination	2021	EEOC	\$37,500
CROTHALL LAUNDRY SERVICES INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2018	OSHA	\$26,520
CROTHALL HEALTHCARE INC.	Compass Group	restaurants and foodservice	environmental violation	2007	FL-DEP	\$19,500
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	Family and Medical Leave Act	2010	WHD	\$15,484
CROTHALL HEALTHCARE	Compass Group	restaurants and foodservice	workplace safety or health violation	2012	OSHA	\$14,663
CROTHALL HEALTHCARE	Compass Group	restaurants and foodservice	workplace safety or health violation	2015	OSHA	\$13,300
CROTHALL LAUNDRY SERVICES INC. DBA CROTHALL HEALTHCARE	Compass Group	restaurants and foodservice	workplace safety or health violation	2015	OSHA	\$12,155
CROTHALL HEALTHCARE INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2009	OSHA	\$12,125

d. Violations and admissions of cheating by Defendant

Compass Group below:

Violation Tracker Parent Company Summary**Parent Company Name:** Compass Group**Ownership Structure:** publicly traded (ticker symbol LSE: CPG)**Headquartered in:** United Kingdom**Major Industry:** restaurants and foodservice**Specific Industry:** foodservice**Penalty total since 2000:** \$28,124,434**Number of records:** 86

Top 5 Offense Groups (Groups Defined)	Penalty Total	Number of Records
government-contracting-related offenses	\$18,000,000	1
employment-related offenses	\$9,494,121	50
safety-related offenses	\$546,425	31
environment-related offenses	\$83,888	4

Top 5 Primary Offense Types	Penalty Total	Number of Records
False Claims Act and related	\$18,000,000	1
wage and hour violation	\$8,250,841	25
employment discrimination	\$915,755	7
workplace safety or health violation	\$546,425	31
labor relations violation	\$306,690	16

.. .

87 Violation Tracker results found

Click on the company or penalty amount for more information on each case. Click on the parent name to reach the summary page for that parent company.

Download results as [CSV](#) or [XML](#) (maximum 10,000; for access to larger downloads contact [Phil Mattera](#))

Company	Parent	Parent Major Industry	Primary Offense Type	Year	Agency	Penalty Amount
Compass Group USA, Inc.	Compass Group	restaurants and foodservice	False Claims Act and related	2012	NY-AG	\$18,000,000
Compass Group USA	Compass Group	restaurants and foodservice	wage and hour violation	2014	private lawsuit-federal	\$5,000,000
Restaurant Associates and Personnel Plus	Compass Group	restaurants and foodservice	wage and hour violation	2016	WHD	\$1,008,302
Compass Group	Compass Group	restaurants and foodservice	wage and hour violation	2021	WA-SOLS	\$663,725
Restaurant Associates	Compass Group	restaurants and foodservice	wage and hour violation	2013	private lawsuit-federal	\$600,000
Chartwells Dining	Compass Group	restaurants and foodservice	employment discrimination	2005	private lawsuit-federal	\$559,253
Restaurant Associates, LLC	Compass Group	restaurants and foodservice	wage and hour violation	2016	WHD	\$454,748
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	employment discrimination	2020	OFCCP	\$120,000
COMPASS GROUP USA, INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2018	OSHA	\$91,829
Compass USA, Inc.	Compass Group	restaurants and foodservice	wage and hour violation	2004	WHD	\$90,596
Crothall Healthcare, Inc.	Compass Group	restaurants and foodservice	employment discrimination	2010	EEOC	\$88,422
Compass Group North America	Compass Group	restaurants and foodservice	wage and hour violation	2010	WHD	\$82,180
Crothall Laundry Services, Inc.	Compass Group	restaurants and foodservice	employment discrimination	2018	OFCCP	\$72,000
Chartwells, a Division of Compass Group USA at University of Maryland Baltimore County	Compass Group	restaurants and foodservice	labor relations violation	2010	NLRB	\$56,680
CROTHALL LAUNDRY SERVICES INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2018	OSHA	\$26,520
COMPASS GROUP USA, INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2013	OSHA	\$25,500
EUREST SERVICES INC	Compass Group	restaurants and foodservice	workplace safety or health violation	2009	OSHA	\$23,030
COMPASS GROUP USA INC DBA CANTEEN VENDING	Compass Group	restaurants and foodservice	workplace safety or health violation	2013	OSHA	\$23,000
COMPASS GROUP USA, INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2020	OSHA	\$22,054
CROTHALL HEALTHCARE, INC.	Compass Group	restaurants and foodservice	environmental violation	2007	FL-DEP	\$19,500
Bon Appetit Management Company	Compass Group	restaurants and foodservice	labor relations violation	2011	NLRB	\$19,191
Morrison Healthcare Food Services (at St. Vincent Hospital)	Compass Group	restaurants and foodservice	labor relations violation	2009	NLRB	\$19,000
EUREST SERVICES, INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2010	OSHA	\$18,000
COMPASS GROUP NORTH AMERICA	Compass Group	restaurants and foodservice	workplace safety or health violation	2017	OSHA	\$18,000
Canteen Vending	Compass Group	restaurants and foodservice	labor relations violation	2009	NLRB	\$17,500
Compass Group North America	Compass Group	restaurants and foodservice	wage and hour violation	2008	WHD	\$16,108
Chartwells, a Division of Compass Group, USA, Inc	Compass Group	restaurants and foodservice	labor relations violation	2000	NLRB	\$15,548
Restaurant Associates	Compass Group	restaurants and foodservice	labor relations violation	2002	NLRB	\$15,510
Crothall Healthcare Inc.	Compass Group	restaurants and foodservice	Family and Medical Leave Act	2010	WHD	\$15,484
CROTHALL HEALTHCARE	Compass Group	restaurants and foodservice	workplace safety or health violation	2012	OSHA	\$14,663
COMPASS GROUP USA, INC.	Compass Group	restaurants and foodservice	workplace safety or health violation	2014	OSHA	\$14,520

OVERVIEW OF FRAUDULENT CONDUCT AND ACTIVITIES

167. There is collaboration among Defendants to boost profits by cutting spending over the vociferous objection of local medical professionals judgment. Relators have firsthand knowledge of Tenet telling Crothall that they will not spend money on mops, nor essential supplies.

168. Across the country, these Defendants are creating dangerous conditions in hospitals by failing to spend money on essential supplies even though Defendants have had record breaking profits.

169. Relators as Union Stewards have discovered that Defendants are making record profits by billing Medicare and Medicaid Unions across the country by tying the hands of local hospital leadership and mandating decisions from Dallas, which is Tenet's Head Quarters.

170. The CEO of Tenet and its Board of Directors have mandated unethical cuts to be made, which have caused safety violations in many operating rooms across the country.

171. Defendants intentionally not buying adequate supplies to clean the hospitals adequately can be seen in multiple states.

172. Relators have evidence and recordings of managers who simply do not care about the unsafe operating rooms.

173. Relators have confirmed from other union members these unethical cuts resulting in unclean operating rooms across the country, while the hospitals owned by Tenet continue to falsely bill Medicare and Medicaid.

174. Relators are now bringing forth a systemic practice of running unsanitary hospitals and operating rooms across the country for profits.

175. Relators have witnessed numerous operating rooms in Harper Hutzal Hospital that have not been “terminally cleaned” since 2019 which is a violation of safety code.

176. Defendants have made record profits by running dirty operating rooms.

177. In California, the National Union for Healthcare Workers raised the alarm about Defendants intentionally not providing adequate supplies to keep the hospital sanitary:

We are workers at Los Alamitos Medical Center. We work for Morrison and Crothall, which are subsidiaries of Compass Group, a British multinational contractor that earned \$32.7 billion in revenue in 2019. Compass operates in 45 countries and employs 600,000 workers. In North America alone, Compass earned \$20.4 billion last year. Compass North America CEO Gary Green earned \$7.8 million in 2019.

Tenet Healthcare Corporation is the owner of Los Alamitos Hospital, and contracts with Morrison & Crothall for food and housekeeping services. Tenet is the third-largest investor-owned health system in the U.S., with 65 hospitals. Tenet Earned \$18.3 billion in revenue in 2018. Tenet CEO Ronald Rittenmeyer received \$14.9 million in compensation in 2018.

We demand dignity and respect from Morrison and Crothall for ourselves and our patients

- We have suffered from WAGE THEFT; we are not being paid on time or what we're owed. Sometimes we do not have food to put on the table because we don't get a paycheck.
- On a daily basis we don't have enough supplies to keep the hospital clean, which harms patients.
- Food Service employees in Los Alamitos demand the same benefits and pay as other union Compass employees.
- We are reassigned to new work areas, despite our seniority. Which has a negative impact on patient care — not everyone has the same knowledge as long-term employees.

Help us stand up for our patients and our families!

This leaflet is not intended to, nor does it ask, any employee to cease work or delivery.



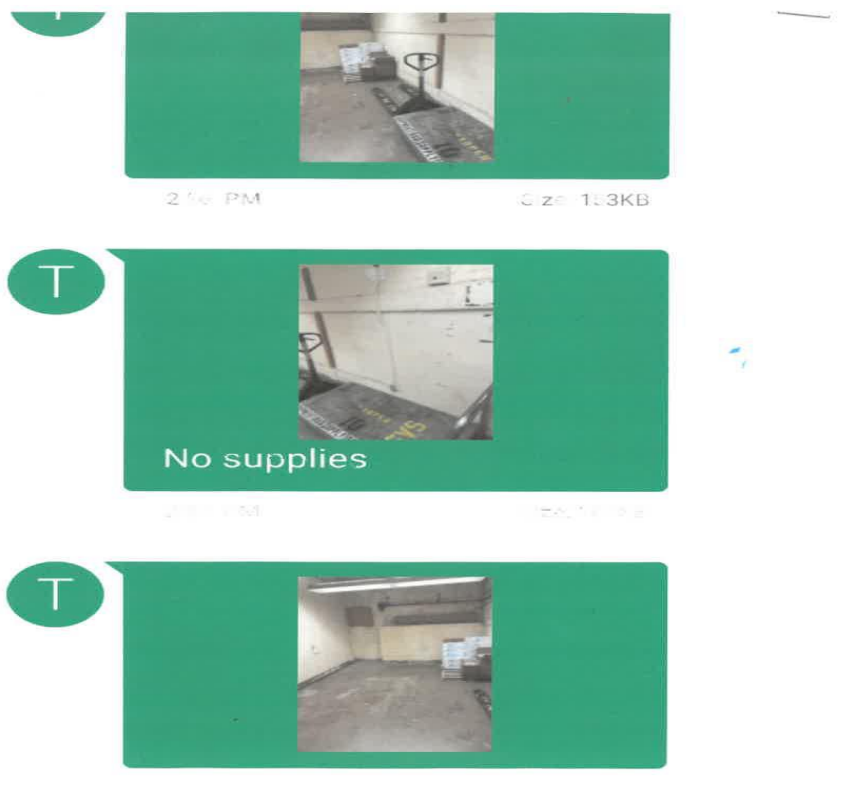
Defendants Retaliate Against and Terminate Relators

178. Relators have numerous texts, emails, and recordings of Defendant managers and agents admitting that they don't have adequate supplies and the operating rooms are unsanitary.

179. Tenet leadership has told Crothall in Detroit that they refuse to pay for microfiber mops to do adequate sanitization.

180. Many employed union members have texted out of concern that supplies are out and its fallen on deaf ears because the decisions to cut come

from Tenant leadership in Dallas and not necessarily the failed leadership at SG and DMC.



181. Around January 2020, Defendants sought more aggressive ways to force Relators to release their claims, or if necessary, to terminate them from their employment in retaliation for the actions described above.

182. Relators have made numerous complaints about patient safety concerns and violations of laws and safety rules.

183. Relators tried to work through local management and when the concerns were ignored, they kept trying to find someone who would listen.

184. Relators would routinely share common sense information with the managers of Defendants.

185. Defendants' managers would consistently tell Relators to stop complaining, or they would lose their jobs. Defendants' managers made it clear that they did not care about patient safety concerns.

186. If any concern required spending money, Defendants would eventually retaliate against Relators because they spoke up.

187. On April 27, 2022, Plaintiff Rhodes sent an email to Tenet and Crothall/Compass leadership:

I Shenesia Rhodes had the privilege of working as a contracted employee inside of DMC hospitals Sporadically since 2000. I've been a Stellar Employee everyone that crosses my path knows of my deep integrity and compassion for DMC to expand with Success,

but unfortunately my complaints about patient safety issues have fallen on deaf ears and I find myself being targeted and retaliated against.

My repeated complaints are intentionally being ignored and dismissed and this is very troubling to say the least. Especially since I am following protocols by bring complaints to leadership and compliance and things keep getting worse. Environmental services is a critical part of any health system. We are the front line employees who are trusted to sterilize and keep the hospital clean for patient and employee safety. DMC and Tenet leadership has had a bad history of having a very bad sanitary environment even though this problem has been around for too long its never fixed and you only cover it up every time a news story surfaces. Crothall who I work for has made it clear that patient safety is not anyone's priority and only costs reductions and profits rule their decisions and that's why they get the business from Tenet.

My complaints are well documented and you have them and are aware of them. I feel like the retaliation against me and other employees who speak up is getting to be to very hostile.

I've witness and engaged in conversations with patients and staff about the fatalities because lack of medical / cleaning supplies .I've requested by email or phone calls and informed my administrators and DmC Corporate. I've called compliance officers , made Tenet Reports on these severe infractions... No one has improved these issues...I've been Afflicted with COVID 19 three times while being forced to go inside rooms that had no signs of COVID or PUI posted from Tenet without a fit test or n95 or any PPE from Crothall Compass to protect me or my child that I exposed to the virus by bringing it home each time.

The more I reported my Valid concerns the more retaliation of bullying with several Suspensions and inappropriate threats with intimidating managers telling me to Leave the Company or Shut Up complaining about Not having Cleaning Supplies.

I believe that this is allowed to happen because DMC is in Detroit and mainly treats vulnerable patient population mainly black and elderly. I don't believe this happens in Dallas. How can leadership sit back knowing that there are not enough sterilization supplies to clean patient rooms and operating rooms. Blood and human remains are cleaned with unclean reusable supplies because supplies are always out of stock or rationed. You have patients being operated on in ORs trusting that they are sterilized and clean when they are not. You have mothers giving birth to new born babies trusting that the ORs are sterilized and clean but they are not.

Ive been stressed and mental exhaustion with the amount of harsh pressure and harassment I am continuously under by Crothall leadership.. I've sacrifice a tremendous part of my Life to provide a Protective Safe Environment for Employees and most of all the Patients of DmC Tenent and Crothall Compass Group Healthcare. If you take patient's money and bill medicare and Medicaid for services then the ORs and hospital rooms must be sterile and clean if they knew that the ORs and rooms were filled with disgusting conditions they would never pay. You have known that they are not clean and you know that this

unsafe condition has caused harm to so many and yet you do nothing to fix it. The retaliation for speaking up has caused my family and I to have a financial debt, Severe Cardiac and Mental Health Problems and my daughter to have a incurable Disease Forever. Because of the profound negligence of ignoring my Plea for Equality to be treated like you would treat your own loved one's. Instead of retaliating against me, I believe you should be calling me to learn more about the dangers your leadership has allowed to fester in the hospital. If you don't take my complaints seriously the contamination of bacteria's, viruses, and diseases will continue to infect the population outside the hospitals and the public will never know why. That's why I am pleading with you to listen instead of harassing and retaliating against me. Please take my complaints seriously it should not be just about money if you want to be in health care then patient safety should always be the number one priority.

188. Plaintiff Bonds has endured multiple false accusations from Defendants, some of which were reversed. After the false accusations were reported to Tenet and the National Labor Relations Board, the manger voluntarily voided the suspensions. However, when she began to send complaints to the hospital's management and to Compass managers at headquarters, the retaliation became unstoppable, which lead to her wrongful termination.

189. In addition to multiple other complaints made, below is yet another example where Plaintiff Bonds did her best to get the attention of Tenet managers to try and get them to stop violating basic rules and keep the hospital safe and sanitary:

----- Forwarded message -----

From: Denise Bonds <denisebonds55@gmail.com>

Date: Fri, May 6, 2022, 5:10 PM

Subject: Re: Update on reports

To: Tenet Ethics Department <Ethics@tenethealth.com>

Dear alva maria

And tenet company

You cannot forward my complaints to Crothall and wash your hands by saying its not your problem. You have known that crothall has saved you money which is your only priority. You have ignored my complaints of unsanitary concerns precovid, drying covid, and even now. Supplies are never adequately available. Your operating rooms are unsanitary. And dangerous to the poor patients who trust you to operate a clean and sanitary hospital. But you intentional put your heads in the sand. You lie to regulators and you bill the federal government alot of money even tough you are aware that you are not compliant with the rules to bill them. Even this week you were in the news again and you respond by telling more lies. This community deserves clean hospitals. Please spend more money on supplies and fix the areas that need to be fixed. When you bought the hospital you promised to run it better than a non profit but the truth is that you only care about profits and nobody else. Please keep your promise that you made.

Denise Bonds

190. Later, in May 2022, both Relators were abruptly terminated. As of that time, and throughout their employment with the Defendants, Relators had excellent reputations at the hospital.

COVER UP TAKING PLACE

191. Based on Relators' ongoing complaints about fraud and safety while still employed, and because they refused to stay quiet about safety concerns, Defendants became obsessed with terminating Relators.

192. Defendants used tactics to paint Relators in a false light.

193. Since Relators' termination, Defendants are manipulating other employees and threatening their jobs if they do not back-date (falsify) certain documents.

194. Defendants are currently asking employees to falsify certifications and other documents about supplies, training, past training, and other documents in anticipation of inspections and/or lawsuits.

Candida auris fungus a Serious Global Health Threat

195. Prior to Relators being terminated from their employment, they expressed concerns to Defendants; management that they heard that DMC Sinai Grace was dealing with the *Candida auris* fungus.

196. Relators expressed concerns about the dangers being created by the outrageous cuts in supplies that were made by upper level managers. These reckless actions likely increase the chances of this new danger, *Candida auris*, to survive and thrive in an unsanitary hospital like Harper Hutzell. Relators were retaliated against for raising these concerns.

197. According to the CDC, *Candida auris* is an emerging fungus that presents a serious global health threat. [Candida auris | Candida auris | Fungal Diseases | CDC](#)

198. As of this week, Relators as union stewards, have been getting calls from current employees of Defendant Crothall/Compass who are concerned because the DMC nursing staff has stated that *Candida auris* is now being detected at Harper Hutzell Hospital, but none of the Defendants have notified the employees, patients, or visitors who will be exposed to this new danger.

199. *Candida auris* typically spreads in hospitals and other care facilities through contact with contaminated surfaces or equipment. However, it can also spread from person to person. People with *Candida* may shed the fungus through their skin cells. To limit the spread of *C. auris*, **cleaning, hygiene, and sanitation are crucial.**

[Candida auris: Symptoms, spread, and outbreak risk \(medicalnewstoday.com\)](https://www.medicalnewstoday.com/articles/324422)

200. The DOJ needs to interview doctors, nurses, and housekeepers who have been terminated after speaking up about safety issues. The Tenet CEO and Board members need to be investigated. Former Tenet CEOs and upper level managers will tell the truth about how Tenet Dallas makes decisions with brutal power and drain local hospitals to line their own pockets. Professional medical judgment is ignored or silenced.

201. Over the past few years DMC has been unable to keep its CEO or upper level managers because Dallas makes decisions that keep hurting the Detroit hospitals it owns.

202. Tenet should not be allowed to profit by running unclean operating rooms across the country that are neglected and unsanitary.

203. All of the money paid by Medicaid and Medicare to Tenet for surgeries in dirty operating rooms should be refunded.

204. Upon information and belief, Defendants receive from U.S. taxpayers between \$20,000 and \$300,000 for many procedures and/or surgeries done in hospital.

PATIENT HARM NEEDS TO BE STOPPED

205. The operating rooms used for baby deliveries and C-sections are disgusting, unsafe, and unsanitary at Harper Hutzell Hospital.

206. This would never be allowed to occur in Troy, Michigan or Dallas, Texas.

207. As this complaint is being reviewed, young mothers who are walking into the hospitals assuming that they are walking into a sanitary and clean hospital which meets all of the safety standards and certificates of participation signed by Defendants and approved by CMS.

208. Basic standard of care for Operating rooms require them o undergo “Terminal Cleaning” each day after the last surgery.

209. Harper Hutzel has not conducted a “Terminal Cleaning” of its operating rooms used for C-sections since 2019. The photos below show the disgusting blood that’s been living on the delivery bed from months and maybe years:



COUNT I
Violation of 31 U.S.C. §3729

210. Relators reallege and incorporate paragraphs 1-209 of this Complaint as if fully set forth herein.

211. In performing the acts described above, Defendants, through their own acts or through the acts of their officers, knowingly and/or recklessly presented, or caused to be presented, false or fraudulent claims for payment or approval in violation of 31 U.S.C. §3729(a)(1)(A).

212. Specifically, Defendants submitted claims for payment to the Medicare and Medicaid programs for services rendered in violation of the certificates of participation and safety standards and constituted billing false claims.

213. The United States, unaware of the foregoing circumstances and conduct of the Defendants, made full payments, which resulted in its being damaged in an amount to be determined.

COUNT II
Violation of 31 U.S.C. §3729(a)(1)(B)

214. Relators reallege and incorporate paragraphs 1-213 of this Complaint as if fully set forth herein.

215. In performing the acts described above, Defendants, through their own acts or through the acts of their officers, knowingly made, used or caused to be made

or used, a false record or statement material to a false or fraudulent claim in violation of 31 U.S.C. §3729(a)(1)(B).

216. The United States, unaware of the foregoing circumstances and conduct of the Defendants, made full payments which resulted in its being damaged in an amount to be determined.

COUNT III
Violation of 31 U.S.C. §3720(a)(1)(G)

217. Relators reallege and incorporate paragraphs 1-216 of this Complaint as if fully set forth herein.

218. In performing the acts above, Defendants knowingly and improperly avoided an obligation to pay or transmit money to the United States Government.

219. Specifically, Defendants unlawfully retained and failed to return the overpayments they received as a result of the false and fraudulent billings submitted to Medicare and Medicaid.

220. Accordingly, the United States has been deprived of the use of such monies and has been damaged in an amount to be determined.

COUNT IV
Violation of M.C.L. §400.607(1)

221. Relators reallege and incorporate paragraphs 1-220 of this Complaint as if fully set forth herein.

222. In performing the acts described above, Defendants, through their own actions or through the acts of their officers, knowingly presented, or caused to be presented, to an officer or employee of the State of Michigan, a false claim under the Social Welfare Act in violation of M.C.L. §400.607(1).

223. The State of Michigan, unaware of the foregoing circumstances and conduct of the Defendants, made full payments, which resulted in its being damaged in an amount to be determined.

COUNT V
Violation of MCL §400.603(1)

224. Relators reallege and incorporate paragraphs 1-223 of this Complaint as if fully set forth herein.

225. In performing the acts described above, Defendants, through their own acts or through the acts of their officers, knowingly made, used or caused to be made or used, a false record or statement to get false or fraudulent claims paid or approved by the State of Michigan in violation of MCL §400.603(1).

226. The State of Michigan, unaware of the foregoing circumstances and conduct of the Defendants, made full payments, which resulted in its being damaged in an amount to be determined.

COUNT VI
Violation of 42 CFR 482

227. Relators reallege and incorporate paragraphs 1-226 of this Complaint as if fully set forth herein.

228. In performing the acts described above, Defendants, through their own acts or through the acts of their officers, knowingly made, used or caused to be made or used, a false record or statement to get false or fraudulent claims paid or approved by the State of Michigan and the United States in violation of 42 CFR 482.

229. The State of Michigan and United States, unaware of the foregoing circumstances and conduct of the Defendants, made full payments, which resulted in its being damaged in an amount to be determined.

230. Specifically, Defendants unlawfully retained and failed to return the overpayments they received as a result of the false and fraudulent billings submitted to Medicare and Medicaid.

231. Accordingly, the United States has been deprived of the use of such monies and has been damaged in an amount to be determined.

COUNT VII
Violation of Conditions of Participation (CoPs) and Conditions for
Coverage (CfCs)
Against Multiple States & the United States

232. Relator realleges and incorporates paragraphs 1-231 of this Complaint as if fully set forth herein.

233. CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed the Medicare standards set forth in the CoPs/CfCs.

234. 42 CFR 482 contains the health and safety requirements that hospitals must meet to participate in the Medicare and Medicaid programs. Social Security Act Title XVIII, §1861 Definitions of Services, Institutions, etc.

235. Tenet Health and its subsidiaries violated the CoPs and CfCs by operating their hospitals and operating rooms in violation of mandated standards in multiple states where it owns and operates hospitals.

236. In performing the acts described above, Defendants, through their own acts or through the acts of their officers, knowingly made, used or caused to be made or used, a false record or statement to get false or fraudulent claims paid or approved by the State of Michigan and the United States in violation of CoPs and CfCs.

237. Multiple states, the State of Michigan and United States, unaware of the foregoing circumstances and conduct of the Defendants, made full payments, which resulted in its being damaged in an amount to be determined.

238. Specifically, Defendants unlawfully retained and failed to return the overpayments they received as a result of the false and fraudulent billings submitted to Medicare and Medicaid.

239. Accordingly, multiple states, the State of Michigan, and the United States has been deprived of the use of such monies and has been damaged in an amount to be determined.

COUNT VIII
RETALIATION

240. Relators reallege and incorporate paragraphs 1-239 of this Complaint as if fully set forth herein.

241. The Federal False Claims act states that any employee, contractor, or agent shall be entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent is discharged, demoted, suspended, threatened, harassed, or in any manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent or associated others in furtherance of an action under this section or other efforts to stop one or more violations of this subchapter. 31 U.S.C. §3730(h)(1).

242. Relief under COUNT VIII shall include reinstatement with same seniority status that employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and

compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney's fees. 31 U.S.C. §3730(h)(2).

243. Relators have direct and personal knowledge that ECI threatened to terminate hospitalists who complained about fraudulent billing practices.

244. Defendants actually terminated Relators who did not comply.

245. As to Relators specifically, Crothall managers and Tenet Agents implicitly and explicitly conditioned Relators continued employment on their willingness to stop caring or speaking up about safety violations.

246. Ultimately, there was an escalation of hostility that began with a concerted effort from Crothall managers and Tenet agents to intimidate and belittle Relators for complaining about lack of cleaning supplies and for billing for procedures while operating unsanitary operating rooms and patient rooms.

247. This aggressive conduct was not only in retaliation against Relators but to send a message to other staff members.

248. Defendants have a documented pattern of retaliating against physicians, nurses, and housekeeping staff who speak out or question their practices, such as withholding falsely accusing Relators false things, after Relators raising concerns about Defendants practices as to patient safety, and

low threshold admissions he was retaliated against by Defendants and sought employment elsewhere.

COUNT IX
Payment Under Mistake of Fact

249. Relators re-allege and incorporate paragraphs 1-248 of the Complaint as if fully set forth herein.

250. This is an action to recover monies paid by the United States, State of Michigan, and other states under a mistake of fact that was caused by Defendants through the activities described in the Complaint.

251. The United States, State of Michigan, and other states made payments under the erroneous belief that the records, statements, and proposed amount upon which reimbursement was based were true, correct and proper.

252. The United States and the States' erroneous beliefs were material to the payments made by the Federal Government.

253. Because of these mistakes of fact, the United States, State of Michigan, and other states paid moneys for services that were not properly reimbursable and as to which the United States is entitled.

254. By reason of these payments, the United States, State of Michigan, and other states has suffered damages in an amount to be determined.

COUNT X
Unjust Enrichment

255. Relators re-allege and incorporate paragraphs 1-254 of the Complaint as if fully set forth herein.

256. This is an action to recover monies by which Defendants have been unjustly enriched. Due to the Defendants improper practices, the United States, State of Michigan, and other states paid monies by which Defendants have been unjustly enriched.

257. By reason of its payments, the United States, State of Michigan, and other states is entitled to damages in an amount to be determined.

COUNT XII
Retaliation-31 U.S.C. § 3730(h)

258. Relators re-allege and incorporate paragraphs 1-257 of this Complaint as is fully set forth herein.

259. As a result of Relators' efforts to stop Defendants' unlawful conduct, non-participation in Defendants' schemes, and lawful acts in furtherance of this action, Defendants, through the acts of their officers, agents, and employees, took adverse employment action against Relators.

260. Defendants' adverse employment action was retaliatory.

261. Relators were damaged in an amount to be determined.

PRAYER FOR RELIEF

WHEREFORE, Relators respectfully request that this Court enter judgment against Defendants as follows:

a. That the United States be awarded damages in the amount of three times the damages sustained by the United States because of the false claims and fraud alleged in this Complaint, as the Civil False Claims Act, 31 U.S.C. §3729 *et seq.* provides;

b. That civil penalties of \$5,500 to \$11,000 be imposed for each and every false claim that the Defendants caused to be presented to the United States;

c. That pre- and post-judgment interest be awarded, along with reasonable attorneys' fees, costs, and expenses which Relators necessarily incurred in bringing this case;

d. That Relators be awarded the maximum amount allowed pursuant to the False Claims Act;

e. That the State of Michigan, and other states be awarded damages in the amount of three times the damages sustained by the State of Michigan because of the false claims alleged in this complaint, as the various state laws on False Claims provide and as the Michigan Medicaid False Claims Act, M.C.L. §400.612, provides;

f. That necessary expenses, costs, and reasonable attorney's fees be awarded as provided by the Michigan Medicaid False Claims Act;

g. That this Court award such other and further relief as it deems proper.

DEMAND FOR A JURY TRIAL

Relators demand a jury trial on all claims alleged herein.

June 30, 2022

Respectfully submitted,

/s/ Azzam Elder

Azzam Elder (P53661)
Elder Brinkman Law
1360 Porter St., Suite 250
Dearborn, MI 48124
313-879-0355
aelder@elderbrinkmanlaw.com

/s/ Nina Korkis Taweel

Nina Korkis Taweel (P63031)
Korkis Law Firm, PLLC
1360 Porter St., Suite 200
Dearborn, MI 48124
313-581-5800
nina@korkislaw.com

Attorneys for Relator

CERTIFICATE OF SERVICE

I hereby certify that on June 30, 2022, I electronically filed the **COMPLAINT FOR VIOLATION OF FALSE CLAIMS ACT (31 U.S.C. §§3729 *et seq.*), THE MICHIGAN MEDICAID FALSE CLAIMS ACT (M.C.L. §§400.601 *et seq.*)**, under seal, with the Clerk of the Court using the ECF.

/s/ Nina Korkis Taweel

Nina Korkis Taweel (P63031)